

Start Date for NEW Services: ____/___/ (Final bills cannot be back-dated)

OWNER'S PERMISSION TO CHANGE BILLING INFORMATION and/or RESPONSIBILITY

Email to: utilitybilling@monroewa.gov

The City of Monroe is hereby authorized to change the name on the utility bill due to:

				N∈	ew tenant(s)			Back to owner			
Accoun	t #:					Address:					
Owner I	Name					•		Owner Phone			
(s)						#					
Owner I	Mailing								•		
Address	5										
City					State		Zip				
Property Management Company (if								•			
applicat	ble)										
Tenant Name (s)				1			Tenant Phone #	¥			
Tenant	Mailing A	ddre	ess								
City				State		Zip					
property unpaid b I occupand Fu	identified by my tena understar cy. urthermore	labont(s). Id the	ve, agreat at any expressly	ee to be respo	insible for an inpaid by a I consent the	nd to pay any a	and all	utility charges fror	m the	, as the owner of City of Monroe that respond to the shut off, regardless aforementioned proper	emain ess of
Owner and/or authorized property manager								Da	ate		
Subscribed and sworn to me this						day	, 20				
NOTARY SEAL					NOTA	NOTARY PUBLIC in and for the State of Washington, residing at:					
					Print	Printed Name:				-	
					Мус	My commission expires:				<u> </u>	

Rev: 11/14/2018

